Sample Budget Instructions

We encourage you to use this sample budget template. If you choose not to use this format, please ensure that your format is easy to use and provides information in the same general categories. Regardless of the format, please also include a budget narrative with your proposal (no template is provided for the narrative).

If you are using this document to create your budget, please read the important information below to ensure you can fully navigate the sample budget. If you have questions once you review this guidance, you may also contact the program officer responsible for this competition.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

- 1) There are five worksheets in this sample budget document: (1) Sample Budget Instructions (this worksheet); (2) Total Cost by Grant Category; (3) Summary Budget; (4) Admin Detailed Budet and (5) Program Detailed Budget. You can navigate between these worksheets by clicking on the tabs near the bottom of the document. We do not provide a template for the requested budget narrative.
- 2) In order to share information about the budget recommendations and requirements, we have created comments. Comments appear as boxes with a yellow background on your screen. There is an arrow from the comment to the cell that it is associated with. Each cell with a comment also has a small red triangle on the upper right hand corner of the cell. Currently all comments should be shown. Once you have reviewed all of the comments, you may wish to hide them. To hide all comments, select the "Review" menu at the top of the screen. There you should see a button that says "Show All Comments" which you can unselect to hide all the comments and select again to make all the comments reappear. If you do not have this button or menu option, use the software's help feature to find out where this feature is on your version of the software. You are also able to view individual comments by hovering your mouse over the cell that has the comment you wish to review. Please be sure to review all of the comments as they contain important information about the budget.
- 3) You may add and delete lines anywhere in the Detailed Budgets depending on your needs. Please ensure that you explain all of your budget details clearly and concisely in your budget narrative, particularly if you have made budgeting decisions that depart from the suggestions in the NOFO or POGI.
- 4) Some cells are set up to auto calculate based on values that you fill in. For example, once you fill in the amount of staff member #1's salary covered by the grant (in the Requested Federal Funds column) and the amount covered by cost-share (in the Cost-Share by Applicant column), the Program Total column will automatically add those two values together. You can tell which cells will automatically fill in because they have a \$

in them before you enter anything in the spreadsheet.

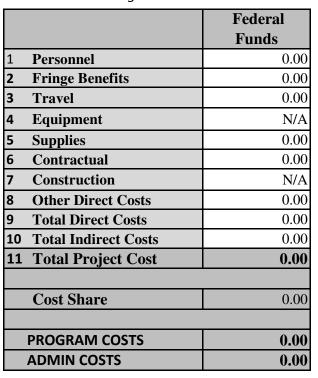
While we have done our best to ensure that this auto fill feature is useful and accurate, it is your responsibility to check the math to ensure that the calculations are accurate and account for all line items in your budget.

- 5) The Summary Budget also has auto fill features both for the Year One budget (which is drawn from your entries on the Detailed Budget worksheet) and for the per participant costs. For the per participant costs to calculate, you will need to fill in the number of participants in the rose colored boxes. The number of participants remains the same each year and is specified in the NOFO and POGI. As with the detailed budget, it is your responsibility to check the math and ensure these automatic calculations are correct.
- 6) You are required to give estimated budget numbers for the non-competitive continuation years in the Summary Budget. Please do not provide the detailed budget for these estimates at this time. If ECA decides to exercise a non-competitive continuation, a detailed budget will be requested at that time.
- 7) Tab 2 Total Cost by Grant Category will autofill based upon the information from Tab 4 Admin Detailed Budget and Tab 5 Program Detailed Budget.

▲ Enter Institute Theme

Total Cost by Grant Category Study of the U.S. Insitute

Organization Name
Project Title
Budget Duration



^{*} line item amounts auto-fill from "Admin and Program Detailed Budget Template" tabs

| | Study of the U.S. Ins | titute | | | | | | | | | |
|------------|--|-----------------|----------------------|-------------|--|--|--|--|--|--|--|
| | Insert Title | | | | | | | | | | |
| | Summary Budget | | | | | | | | | | |
| | Insert Applicant N | ame | | | | | | | | | |
| | | | | | | | | | | | |
| | | Funds | Cost Chara | | | | | | | | |
| Period | Description Requ | uested from | Cost Share | Total Costs | | | | | | | |
| | | ECA | Funds | | | | | | | | |
| | | | | | | | | | | | |
| Year One | | | | | | | | | | | |
| | Participants Insert the number of participants in this or Provide estimates for Years Two, Three and Provide estimates for Years Two, Three estim | | | ticipant. | | | | | | | |
| | Torrac countacts for reals they have a | ila a Sammary . | otal Estimate Scioni | | | | | | | | |
| | Administrative Costs | | | 0 | | | | | | | |
| | Program Costs | | | 0 | | | | | | | |
| | Total Costs | 0 | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| | Administrative Costs Per Participant | | | 0 | | | | | | | |
| | Program Costs Per Participant | | 0 | 0 | | | | | | | |
| | Total Costs Per Participant | 0 | 0 | 0 | | | | | | | |
| | Total Costs Per Participant | U | U | U | | | | | | | |
| Year Two | -akimataa | | | | | | | | | | |
| rear Iwo | | | | | | | | | | | |
| | Participants | | | | | | | | | | |
| | | | | _ | | | | | | | |
| | Administrative Costs | | | 0 | | | | | | | |
| | Program Costs | | | 0 | | | | | | | |
| | Total Costs | 0 | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| | Administrative Costs Per Participant | | | 0 | | | | | | | |
| | Program Costs Per Participant | | 0 | 0 | | | | | | | |
| | Total Costs Per Participant | 0 | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| Year Three | Estimates | | | | | | | | | | |
| | Participants | | | | | | | | | | |
| | | | | | | | | | | | |
| | Administrative Costs | | | 0 | | | | | | | |
| | Program Costs | | | 0 | | | | | | | |
| | Total Costs | 0 | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| | Administrative Costs Per Participant | | | 0 | | | | | | | |
| | Program Costs Per Participant | | 0 | 0 | | | | | | | |
| | Total Costs Per Participant | 0 | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| Total Thre | e Year Estimated Costs | | | | | | | | | | |
| | Participants | | | | | | | | | | |
| | Administrative Costs | | | 0 | | | | | | | |
| | Program Costs | | | 0 | | | | | | | |
| | Total Costs 0 0 | | | | | | | | | | |
| | Total Costs | 0 | U | 0 | | | | | | | |
| | Administrative Costs Der Partisinant | | | 0 | | | | | | | |
| | Administrative Costs Per Participant | | | | | | | | | | |
| | Program Costs Per Participant | | | | | | | | | | |
| | Total Costs Per Participant | 0 | 0 | 0 | | | | | | | |

Enter Institute Theme

LINE ITEM BUDGET ADMINISTRATIVE COSTS

Organization's Name Project Title

ADMINISTRATIVE COSTS

Budget Duration (i.e. October 1, 2017 - September 30, 2018)

Administrative costs include staff, direct, and indirect expenses. Please see NOFO Section F.2

tal program costs. eral Requested Funds vely. Column N will hould match Column I.

Enter Institute Theme

| | | Unit Cost | | | | FY18 | FY18 FY18 Cost- | | | Section F.2 |
|-----|---|-----------------------------|---------|----------------|-------------|------------------|----------------------------|-----------------------|-----------------------|---|
| | | Unit | Numb | Amount | Rate | Program Total | Requested Federal Funds | Share by Applicant | FY18 Program Total | Please Note: Column I will be the total Columns K and L will identify the Federa |
| 1 | Personnel | Month/Annu al | # units | salary rate | % effort | | | | | and Cost-Share by Applicant, respectivel indicate the total program costs and sho |
| 1.1 | Staff 1 Name/Title | | | | | \$ | - | | \$ | This will serve as a mathematical check. |
| 1.2 | Staff 2 Name/Title. | | | | | \$ | -[| | \$ | - |
| 1.3 | Staff 3 Name/Title | | | | | \$ | - | | \$ - | |
| | | | | Subtotal Pe | ersonnel | \$ | - \$ | - \$ | \$ | |
| 2 | Fringe Benefits | | | fringe base | rate | | | | | |
| 2.1 | Staff 1 Name/Title | | | | | \$ | - | | \$ | 5. Supplies are tangible property. Please see 2 CFR 200.94 for full |
| 2.2 | Staff 2 Name/Title | | | | | \$ | | | \$ | definition. List separately and provide a description of supplies here and in |
| 2.4 | Staff 3 Name/Title | | | | | \$ | -11 | | \$ | budget narrative. |
| | | | Suk | total Fringe I | Benefits | \$ | - \$ | - \$ | \$ | |
| 5 | Supplies (< \$5,000 per unit) | | # units | unit co | ost | | | | | |
| 5.1 | (description) | | | | | \$ - | | | \$ | - - |
| | | | | Subtotal S | Supplies | \$ - | \$ - | \$ | \$ | |
| 8 | Other Direct Costs (ODC) | unit (each, total, etc.) | # units | unit co | ost | | | | | 8. Typical costs include copying, printing, etc. not |
| 8.1 | (description) | | | | | \$ - | | | \$ | included in Indirect Costs. Please refer to 2 CFR 200,413. |
| 8.2 | (description) | | | | | \$ - | | | \$ | |
| | | | Subtot | al Other Dire | ct Costs | \$ - | \$ - | \$ - | \$ | |
| 9 | Total Direct Costs | | | | | | \$ | - \$ | \$ | - |
| 10 | Total Indirect Costs (Indicate: NICRA Provisional, Final, Pre determined or 10% deminimus Rate based on MTDC) | | | | | \$ | | | \$ - | |
| 11 | Total Administrative Cost | (must match a | award a | mount) | | | \$ | - \$ - | \$ - | |

LINE ITEM BUDGET PROGRAM COSTS Enter Institute Theme Organization's Name DO NOT DELETE THIS Project Title COLUMN or the Particpian Budget Duration (i.e. October 1, 2018 - September 30, 2019) Support Cost formula will PROGRAM COSTS Please Note: Column I will be the total program FY18 FY18 Cost-FY18 costs. Columns K and L will identify the Federal Requested Funds and Cost-Share by Applicant, respectively. Column N will indicate the total program costs and should match Column I. This will serve as a Unit Cost Unit Share by Unit Cost Costs? (Y/N) Type units unit Total Federal Funds **Applicant** Total nathematical check. (trips, units days) Participant Support Cost? (Y/N): DC Briefing Travel Please indicate Yes (Y) or No (N) in Column D to specify whether each item s classified as a participant support cost as defined in 2 CFR 200.75. 3.1.1 \$ Lodging (specify location) Meals and Incidentals (specify 3.1.2 \$ location) Transportation (specify type \$ 3.1.3 and location) Subtotal DC Briefing Trav **Guest Speakers Travel** Guest Speaker 1 (name) 3. In the description and/or in the Budget Narrative, please indicate the budgeted 3.2.1a Lodging (specify location) Meals and Incidentals (specify) travel's purpose, rates, the locations of each trip, the duration of the trip, and the number of travelers. For transportation, list the mode of transport and city. Per Diem 3.2.2a \$ location) Transportation (specify type (lodging, meals, incidental) costs should not exceed prevailing U.S. government rates Rates may be found at http://www.gsa.gov/perdiem. 3.2.3a Ś and location) Subtotal Guest Speaker 1 \$ \$ Guest Speaker 2 (name) 3.2.1b Lodging (specify location) Meals and Incidentals (specify 3.2.2b location) Transportation (specify type 3.2.3b Ś 3.1 Recipients must attend a briefing at the State and location) Repartment, tentatively scheduled for April 2018. Participant Study Tour (list 3 3 each city separately) Study Tour Location 1 3.3.1a Lodging (specify location 1) Ś Meals and Incidentals (specif 3.3.2a \$ location 1) Transportation (specify type \$ 3.3.3a 3.3 In order to keep costs down, organziers may wish to house two participants in each room for the study tour. and location 1) \$ Study Tour Location 2 3.3.1b Lodging (specify location 2) Ś Meals and Incidentals (speci \$ location 2) Transportation (specify type \$ 3.3.3.b and location 2) 3.4 University Staff Escort Travel Staff Escort Location 1 3.4.1a Lodging (specify location 1) Ś Meals and Incidentals (speci \$ location 1) Transportation (specify type \$ 3.4.3a and location 1) Subtotal Staff Escort Location 1 \$ \$ Staff Escort Location 2 3.4.1b Lodging (specify location 2) \$ Meals and Incidentals (specif 3.4.2b \$ location 2) Transportation (specify type 3.4.3b \$ and location 2) Subtotal Staff Escort Location 2 \$ Subtotal Staff Escorts- all locations \$ Subtotal Travel \$ Equipment (> \$5,000 per uni Supplies (< \$5,000 per unit) unit cost units 5.1 (description) Subtotal Supplies \$ Ś Contractual (Subawards, unit cost Consultant fees) consult units ant) Contractual Sub-Awardee 6.1 (name or description) Contractual Sub-Awardee Supplies are tangible property. Please see 2 CFR 200.94 for ful definition. List separately and provide a description of supplies he and in budget narrative. 6.2 Ś (name or description) Not Allowable Construction Other Direct Costs (ODC) unit unit cost units General Program Costs Honoraria (for speakers) List 8.1 separately General Program Costs: Costs that do not vary by number of participants Speaker 2 Subtotal Honoraria \$ Educational Materials (e.g 8.1 Except for special circumstances, honoraria for speakers who are not being 8.2 film, video) ated on a salaried basis should not exceed \$250/day, per rcumstances should be explained in the budget narrative and are subject to ECA 8.2.2 Material 2 8.2 Film and video rentals, educational materials, and other curricular needs for the program. List materials separately on each line. Note: This section is for costs that do not vary by number of partipants. Web Hosting 8.4 Farewell/Welcome Event 1 \$

\$

Contractual.

3.4 and 8.5 Two events per Institute, max \$45/person with a with a 2-1 rai

of quests to participants, are allowable for direct U.S. government support.

Note cost/participant and # of participants

8.5

8.6

Farewell/Welcome Event 2

Follow-on Activities Women's Leadership

Conference

| | | | _ | | | | | | | 8.4 and 8.5 Two events per Institute, max \$45/person with a with a 2-1 ratio |
|--------|---|--------------|---------------|----------|------------------------|---------------------|----|----------|------|---|
| 8.8 | Ground Transportation (specify type- bus rental, | | _ | _ | | | | | | 6.4 and 6.5 two events per institute, max \$450 person with a with a 2-1 ratio of guests to participants, are allowable for direct U.S. government support. Note cost/participant and # of participants. |
| | van, etc) List separately | | | | _ | | | | | <u> </u> |
| 8.8.1 | Ground Transportation 1 | | | 1 | | Ś - | | | \$ - | 8.6 We suggest you budget up to \$5000 of ECA funds for this line item, per |
| 8.8.2 | Ground Transportation 2 | | | | | \$ - | | | \$ - | Institute. The budget narrative should explain planned use of funds while |
| | • | _ | Sub | total G | round Transportation | Transportation \$ - | \$ | 5 | \$ - | retaining maximum flexibility by indicating that the funds will be used "for |
| | Per Participant Program Costs | | _ | | | | | | | activities including, but not limited to" your planned activities. |
| 8.9 | Academic Residency Costs | | _ | _ | _ | | | | | 8.7. All logistical costs associated with the Women's Leadership Conference, including |
| | | | | Т | | _ | | | | limited to): Event space, A/V needs, Conference materials and SWAG, printing, and su |
| 8.9.1 | Academic Residency - lodging | | | | | \$ | _ | | \$ - | The cost of meals and coffee breaks should be included in the participants' per diem a |
| 8.9.2 | Academic Residency - meals | | | | | \$ - | | | \$ - | |
| 8.9.3 | Academic Residency- Personal | | | | | \$ - | | | \$ - | |
| | Needs Allowance | | | uhtota | Academic Residency | - | Ś | - Ś - | \$ - | Per Participant Program Costs: Costs that vary by number of participants. Clearly indicate # of participants in budget. |
| | Required Institute Textbooks | • | | Jubiola | Academic Residency | | | , | 7 | |
| 8.10 | & Materials | | _ | | | | | | | |
| 8.10.1 | Material 1 | | | | | \$ - | | | \$ - | |
| 8.10.2 | Material 2 | | | | | 5 | | | \$ - | 8.9.3 Where feasible, each participant should receive the maximum U.S. |
| | | Subtotal Req | uired Inst | titute T | extbooks & Materials | \$ - | \$ | \$ | \$ - | government established allowance incidental expenses for each location throughout the program for the "Personal Needs Allowance". |
| 8.11 | Communications | | | | | 1 | | | | |
| 8.11.1 | Cell phones | | | | | \$ - | | | \$ - | 8.10 Use this line item for required readings, etc. Please list each |
| 8.11.2 | Cell phone service | | | | | \$ - | | | \$ - | item seprately. Note # of participants. |
| | | | | Subt | otal Communications | - | \$ | - \$ - | \$ - | |
| 8.12 | Books Allowance | | | | | \$ - | | | \$ - | |
| 8.13 | Cultural Allowance | | | | | \$ - | | | \$ - | |
| 8.14 | Participant Admissions | • | | - | | | | | | 8.11.1 Each participant should be provided with a cell phone and domestic cell |
| 8.14.1 | Admission 1 | | $\overline{}$ | | | 3 | | | \$ - | phone service throughout the program. Hosts should also arrange for |
| 8.14.2 | Admission 2 | | Ck | hatal D | articipant Admissions | \$ - | Ś | - 4 | \$ - | participants to have a way to call home upon arrival at the Institute to let their |
| | Farewell Materials | | Sun | lotai P | articipant Admissions | 12 | \$ | \$ | , · | families know they have arrived safely. |
| 8.15 | (certificates, etc) List | | | | _ | | | | | |
| 0.13 | separately | | | | | | _ | | | 8.12 Participants should receive \$200 each to purchase U.S. studies books and |
| 8.15.1 | Farewell Material 1 | | | 1 | | Ś - | | _ | 3 . | materials in their area of interest. These funds are not to be used to cover |
| 8.15.2 | Farewell Material 2 | | | | | \$ - | | / | \$ | mandatory program activities or materials. |
| | | _ | | Subtot | al Farewell Materials | \$ - | \$ | - \$ | \$ - | 8.13 Participants should receive \$200 each. These funds can be used to cover |
| 8.16 | Mailing | | | | | \$ - | | | د | admissions to cultural events of personal interest. These funds are not to be used to |
| 8.17 | Tax Withholding | / | | / | | \$ - | | | \$ | cover mandatory program activities or materials. |
| | Reasonable Accomodation | | _ | 1 | | | | | | 8.14 Use this line item for cultural activities planned for the group as part of the |
| 8.18 | Contingency | _ | _ | | _ | \$ - | | | \$ - | institute program, either during the academic residency or the study tour. List each |
| | Contingency | | | | | | _ | | | activity separately. |
| 8.19 | Medical Contingency | | | | | \$ | | | \$ - | |
| | | | | Subto | tal Other Direct Costs | £ - | \$ | <u> </u> | \$ - | |
| _ | | | | 30000 | tal Other Direct Costs | | • | 3 . | \$ - | 8.16 OPTIONAL: In the event the recipient institution chooses to mail materials to the |
| 9 | Total Direct Costs | N. | | | | \$ - | \$ | . \$ | , , | participants. Maximum \$200 per participant to cover costs of shipping program related books and materials. |
| | Total Indirect Costs (Indicate: | | | | _ | _ | | | | related books drig fridterials. |
| | NICRA Provisional, Final, Pre | ` | | | | | _ | _ | | 8.17 Some, but not all, organizations require taxes to be withheld on funds provided |
| 10 | determined or 10% | | | | 1 | \$ - | _ | | \$ - | to participants. If your organization requires this, please include this line item. Plea |
| | deminimus Rate based on | | | | | | | _ | _ | note: All of the amounts listed in the other line items should be the totals after any applicable taxes have been withheld. Please offer details on any withholdings in your |
| | MTDC) | | | | | 1 | | | | budget narrative. |
| | | | | | | | | | | 8.18 For disability and other reasonable accommodations. You |
| | | | | | | | _ | | | should allocate approximately \$2,000 per Institute. |
| 11 | Total Program Cost | | (must m | natch av | vard amount) | \$ - | \$ | - \$ - | \$ - | |
| | | | | | | | | | | 8.19 OPTIONAL:In addition to ASPE health benefits provided by DOS, the recipient may want to budget for miscellaneous medical contingency costs such as co-pays or other medical costs not covered by ASPE. |
| | | | | | | | | | | 10. Please make note of the following in the Budget Narrative: |
| | | | | | | | | | | If you do not have an established indirect cost rate agreement, please list what |
| | | | | | | | | | | costs are excluded when calculating the Modified Total Direct Costs (MTDC) base in accordance with 2 CFR 200.68 and 2 CFR 200.414. |
| | | | | | | | | | | Please list the participant support costs in your budget narrative. |
| | | | | | | | | | | Please state if the above two questions are part of your existing policies and if the |
| | | | | | | | | | | are consistently applied in all budgets throughout your organization. |
| | | | | | | | | | | |